Only

STATEMENT OF

PAGE 1 / 13 =

FEC FORM 1		O	RGAN	IZATI(NC						0	ffice I	Jse Or	alv			
1. NAME OF COMMITTEE (ir	n full)		Check if name s changed)		mple: If ty		/pe	1	2FE	34M	_	ilice c	Jac OI	пу			_
Susan Wild	l for C	Congre	SS	1 1 1 1													
	1 1 1	1 1 1 1				1 1	1 1	1 1			1 1					1 1	_
		1636 N (Cedar Crest Blvd	t													
ADDRESS (number a	•	#183															
is changed											40	104					╛
		Allentow	'n │					L	PA L TATE		18	104	 71	_ - B CC	DDE 🛦		
		O						3	IAIE	•			ZI	F 00	<i>,</i> DE =		
COMMITTEE'S E-MA	AIL ADDR																
		fec@c	apcompliand	e.com													
		Optional	Second E-Mai	l Address													
COMMITTEE'S WEB	PAGE AL	DDRESS (U	RL)														
(Check if a is changed		https://wi	Idforcongress.co	om 	1 1 1	1 1						ı		1 1	.		ı
is changed	<i>1)</i>																
																	╛
2. DATE 10	O / D	13 / Y	Y Y Y 2022														
3. FEC IDENTIFIC	CATION N	IUMBER)	C	C0065856	67												
4. IS THIS STATEM	MENT	NEW	(N) OF	R .	. AM	ENDED	(A)										
certify that I have e	examined	this Stateme	ent and to the	best of my	knowledg	e and b	elief it	is tr	ue, c	orrec	t and	l con	nplete	<i>.</i>			
Type or Print Name	of Treasur	er Rosenfe	eld, Linda, , ,														
Signature of Treasure	er <i>Rose</i>	enfeld, Linda, ,	,		[Electron	ically Fil	ed]	Dat	e	10	D	D .	13	/ Y	202		Y
NOTE: Submission of	false, erro		omplete informa ANGE IN INFO									pena	ılties	of 52	U.S.C	. §30	109.
Office Use					For furth Federal E Toll Free	lection C	ommiss		t:					OR 06/2	M 1		_

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Com	plete the candidate information below.)
(b) This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Complete the candidate
Name of Candidate Wild, Susan, , ,	<u> </u>
Candidate Office Party Affiliation DEM Sought:	Senate President District 07
(c) This committee supports/opposes only one candidate, ar	3.
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) con	(Democratic, mmittee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify of	connected organization on line 6.) Its connected organization is a
Corporation	on w/o Capital Stock Labor Organization
Membership Organization Trade As	E E
In addition, this committee is a Lobbyist/Regist	rant PAC.
	I candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regist	rant PAC.
In addition, this committee is a Leadership PAG	C. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only politic	cal committee (Super PAC).
In addition, this committee is a Lobbyist/Regist	rant PAC.
(h) This committee is a political committee with both contribu	ution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regist	rant PAC.
Joint Fundraising Representative:	
•	xpenses and disburses net proceeds for two or more political thorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising excommittees/organizations, none of which is an authorized	spenses and disburses net proceeds for two or more political discommittee of a federal candidate.
Committees Participating in Joint Fundraiser	
1.	С

•	FEC Form 1 (Revised	02/2009)		Page 3
W	rite or Type Committee Nam			
	Susan Wild fo			
6.	Name of Any Connected SEEC Victory Fund	Organization, Affiliated Committee, Joint Fu	ndraising Representa	tive, or Leadership PAC Sponsor
	SELC VICTORY I UITO			
	Mailing Address	PO Box 15320		
		Washington	DC DC	20003
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connecte		Joint Fundraising Repre	
	Tielationship.	d Organization Anniated Organization	John Fundraising Nepre	Leadership 1 AO Oponso
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optiona	al) and position of the pe	erson in possession of committee
	Rosenfeld	d, Linda, , ,		
	Full Name			
	Mailing Address	1636 N. Cedar Crest Blvd		
		#183		
		Allentown	ı ı PA	18104
	Title or Position ▼	CITY ▲	STATE	ZIP CODE ▲
	Treasurer		Telephone number	
8.	Treasurer: List the name a	and address (phone number optional) of the	treasurer of the comm	ittee; and the name and address of
	any designated agent (e.g.,	, assistant treasurer).		
	Full Name Rosenfeld	d, Linda, , ,		
	of Treasurer			
	Mailing Address	1636 N. Cedar Crest Blvd		
		#183		
		Allentown	PA	18104
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼	OH I	SIAIE	
	Treasurer		Telephone number	202 544 - 6960

	FEC Form 1	(Revised 02/2009)	Page 4
D	ull Name of esignated gent		
М	lailing Address		
Ti	itle or Position \	CITY ▲ STATE	▲ ZIP CODE ▲
	ide of Fosition (
L		Telephone number	
		Depositories: List all banks or other depositories in which the committee depositions or maintains funds.	ts funds, holds accounts, rents
Na	ame of Bank, D	pepository, etc.	
		Amalgamated Bank	
Ma	ailing Address	1825 K St NW	
		Washington	20006
		CITY ▲ STATE 4	ZIP CODE A
Na	ame of Bank, D	epository, etc.	
		PNC Bank	
Ma	ailing Address	400 Market St	
		Philadelphia	19106
		CITY A STATE A	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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3rd St 406 lelphia CITY ▲ ttion Affiliated Committee	X Joint Fu	FEC ID nu	mber mber entative	or Lead	6	- L L L
3rd St 406 lelphia CITY ▲ ttion Affiliated Committee	X Joint Fu	FEC ID nu	entative,	or Lead	6	- L L L
3rd St 406 lelphia CITY ▲ ttion Affiliated Committee	X Joint Fu	ing Repres	entative	or Lead	6	- L L L
3rd St 406 lelphia CITY ▲ ttion Affiliated Committee	X Joint Fu	ST	PA ATE A	1910	6	- L L L
406 CITY			ATE A		ZIP CO	
406 CITY			ATE A		ZIP CO	
406 CITY			ATE A		ZIP CO	
lelphia CITY ▲ attion Affiliated Committee			ATE A		ZIP CO	
CITY ▲ Affiliated Committee			ATE A		ZIP CO	
Affiliated Committee				ive		
_		ndraising Re	presentat	ive	Leadership	PAC Spo
e, address (phone number – c	optional)					
OLTY :						-
CITY A		SIA	IE A		ZIP COD	E A
	Telep	hone Numb	er			
	nds.	all banks or other depositories in which the	CITY Telephone Numb all banks or other depositories in which the committee nds.	all banks or other depositories in which the committee deposits nds.	CITY STATE Telephone Number all banks or other depositories in which the committee deposits funds, he	CITY STATE ZIP COD Telephone Number all banks or other depositories in which the committee deposits funds, holds accou

FEC Form 1S (Revised 02/2017)

Page ___ **of** _____

g) or (h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address	200 W 79th St		
	New York	, NY	10024
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Fundraising Represent	
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mailing address	CITY CITY Te pries: List all banks or other depositories in which the principle of America	STATE ▲ Ilephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or more panels. Name of Bank, Bank	CITY CITY Te cries: List all banks or other depositories in which the position is funds.	STATE ▲ Ilephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the position of Bank, Depository, etc.	CITY CITY Te pries: List all banks or other depositories in which the principle of America	STATE ▲ Ilephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ______

5(g) d	or(h). Joint Fundraising	Participant:	_	
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor
	Defend the Majorit	y 		1
	Mailing Address	600 Pennsylvania Ave SE		1
	Mailing Address	#15180		
				20000
		Washington	L DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representat	ve Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY		
8.	Full Name	CITY	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds. Bank	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds. Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

nformation B and/or 9 Page $\frac{8}{}$ of $\frac{13}{}$

TITLE OR POSITION Banks or Other Depositors or management of Bank, Depository, etc. Mailing Address	ries: List all bank	as or other depositories in v	Telephone Nu		s funds, ho	Ids accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all bank	s or other depositories in v			s funds, ho	lds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all bank	s or other depositories in v			s funds, ho	lds accounts, rents
TITLE OR POSITION	▼		Telephone Nu	mber		
TITLE OR POSITION	▼					
		CITY A	S	TATE A		ZIP CODE ▲
			1	1 . 1	1 .	1_1 .
Mailing Address						
Full Name						
	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative	Leadership PAC Spor
Relationship:		CITY 🛦		STATE A		ZIP CODE ▲
	#15180 Washington		<u> </u>	DC	20003	3 , , - , ,
Mailing Address		ania Avenue SE				
Name of Any Connected Wild for PA Victor	_	ffiliated Committee, Joint	Fundraising Rep	resentative	e, or Leade	ership PAC Sponso
4.			FEC ID	number	C	
				number	С	
3.			FEC ID	number	С	
2			_		C	

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Page ___ **of** _____

5(g) (or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4		FEC ID number	С
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania Avenue SE		
		#15180		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	ephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which th intains funds.	ne committee deposit	es funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which th intains funds.	e committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which th intains funds.	ne committee deposit	es funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which th intains funds.	ne committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	e committee deposit	rs funds, holds accounts, rents

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Frontline Victory	runa !		
Mailing Address	PO Box 15845		
Mailing Address	c/o MBACG		
	Washington	, DC	20003
B.1.1111			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail to the content of the conte	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017) for Lines

Page ____ **of** ____

h). Joint Fundraisi	ng randipana		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Pennsylvania Fro	ontline Fund		
	PO Box 414		
Mailing Address			
	Scranton	PA PA	18501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee		ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3		FEC ID number	С
	4		FEC ID number	С
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 5418		
		Takoma Park	MD	20913
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY	STATE A	ZIR CODE A
	TITLE OR POSITION	1	STATE A	ZIP CODE 🛦
	TITLE OR POSITION	•		ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,	Te: List all banks or other depositories in which	STATE ▲ lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Te: List all banks or other depositories in which	STATE ▲ lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,	Te: List all banks or other depositories in which	STATE ▲ lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Te: List all banks or other depositories in which	STATE ▲ lephone Number	
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FEC Form 1S (Revised 02/2017) for Li

Page ____ **of** ____

h). Joint Fundraisi i	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	600 Pennsylvania Avenue SE #15180		
	Washington	DC	20003
Relationship:		STATE ▲	ZIP CODE ▲
	CITY ▲ d Organization	t Fundraising Representa	ative Leadership PAC S
Connecte			ative Leadership PAC S
Connecte	ed Organization Affiliated Committee		ative Leadership PAC Sp
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esignated Agent: Identif	Affiliated Committee Join Join by pame, address (phone number – optional)	t Fundraising Representa	Leadership PAC Spanish
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee y Join fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	t Fundraising Representation STATE ▲ elephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee y Join fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	t Fundraising Representation STATE ▲ elephone Number	ZIP CODE A